MARYLAND STATE DEPARTMENT OF HEALTH Dr Neuman

2411 N. Charles St., Baltimore (93-1)

05725

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: S. Aurora St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. S. Aurora St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry T. Andrew

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ella E. Seemer Deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 7- 1850.

8. AGE: Years 89- Months 8 Days 21- If less than one day ____ hrs. ____ min.

9. Birthplace: Caroline Co Md (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Geo. Andrew

13. Birthplace: Talbot Co, Md.

MOTHER 14. Maiden name: Jane Rathell,

15. Birthplace: Talbot Co, Md.

16. Informant: C. N. Andrew

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May. 30-40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: John D. Williams

Address: Easton, Md.

19. 5/29 (Date rec'd by registrar) 1940 N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29- 1940, at 6.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 28 1940, and that I last saw him alive on May 26 1940.

Immediate cause of death: Chronic Myocarditis Since 1930

Due to: Senility

Due to: Arteriosclerosis Chronic Bronchitis Since 1925.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. C. Neuman M. D. or other

Address: Easton, Md. Date signed 5/28/40.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

CERTIFICATE OF DEATH

05726

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Rural Near Easton.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
"Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Rural Near Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Jurgen M. Beckan (Beckner)

3. (b) Social Security Number None.

4. Sex M. | 5. Color or race W. | 6.(a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary Jane Gray Beckner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 4, 1860

8. AGE: Years 80 | Months 2 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Lewis Beckner

13. Birthplace W. Va.

MOTHER 14. Maiden name Catherine Weckline.

15. Birthplace W. Va.

16. Informant Mrs. Rus Nicks.

Address Easton. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 10, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton. Md.

18. Funeral director James A Spence

Address Easton Md.

19. 5/9 (Date rec'd by registrar) 19 40 N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to 5-7-1940, and that I last saw him alive on 5-7-1940.

Immediate cause of death	DURATION
Chronic myocarditis	5 yrs
Diabetes mellitus	5 yrs
Due to	
Due to	
Other conditions Hypertrophied Prostate	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md Date signed 5-9-40

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JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 05727

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(61)

County Talbot — Registration Dist. No. 294

Village or City McDaniel — No. ____ St. ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Carrie Hall Bedell

(a) Residence: No. McDaniel, Maryland St. ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS then 1 day, ____ hrs. or ____ min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date decaasad last worked at this occupetion (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

FATHER

13. NAME Edward W. Bedell

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Annie Merritt

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT (Address) Ethel Miller Orr (Washington 3945 Constitution Ave. D.C.)

18. BURIAL, CREMATION, OR REMOVAL Place New York N.Y. Date 5-31, 1940

19. UNDERTAKER J. N. Marshall (Address) St. Michaels, Md.

20. FILED 5-30, 1940 T. J. Jarrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Mar 17, 1939, to May 29, 1940.

I last saw her alive on Aug 17, 1939; death is said to have occurred on the date stated above, at 6:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-29-40
Other Contributory Causes of importance: Diabetes Mellitus	—

Neme of operation ____ Date of ____

What test confirmed diagnosis? ____ Was thera an autopsy? ____

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Whera did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Wes diseese or injury in eny way relatad to occupation of deceased? No

If so, specify ____

(Signed) Tyler Barham M. D.

(Address) Easton

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 7 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

05728

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney Bedsworth

3. (b) Social Security Number no

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Elizabeth Bedsworth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1864

8. AGE: Years 74 | Months 7 | Days 14 | If less than one day hrs. min.

9. Birthplace Crisfield, Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name unknown
15. Birthplace "

16. Informant Wm. Nelson Bedsworth

Address 120-2nd Ave, Lansdowne Md

17. Burial Date thereof 5/29/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michaels

Location St. Michaels

18. Funeral director J. H. Marshall

Address St Michaels Md

19. 5/28 1940 N. H. Neeves
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1940, at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to May 27 1940, and that I last saw him alive on May 27 1940.

Immediate cause of death Coronary thrombosis

CURATION 18 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. S. Noble
M. D. or other

Address Easton, Md Date signed 5/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
U.S.D.A.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05729

1. PLACE OF DEATH (8)

County Talbot Registration Dist. No. 290

Village or City Copperville, Md No. Easton R.D. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Blackwell If U. S. Veteran, specify WAR —

(a) Residence: No. Copperville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

"Outside"

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 2, 1940

7. AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Blackwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Virginia Copper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Richard Blackwell Copperville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Copperville Md. Date May 2, 1940

19. UNDERTAKER (Address) Richard Blackwell Copperville, Md.

20. FILED 5/2, 1940 N. H. Nerrus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1940 to May 2, 1940

I last saw him alive on dead May 2, 1940; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stillborn

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Hayward T. Webb M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

05730

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: T

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 124 W. St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph H. Blackwell

3. (b) Social Security Number none

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Katie Miller

6(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Feb 25-1867

8. AGE: Years 73 Months 2 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Benj. Blackwell

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Jane Jones

15. Birthplace Easton Md

16. Informant Annie Jenkins

Address Easton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9-40 (month) (day) (year)

Cemetery or crematory Rich's Cemetery

Location Easton Maryland

18. Funeral director John D Williams

Address Easton, Maryland

19. 5/8 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940 to May 6 1940 and that I last saw him alive on May 6, 1940.

Immediate cause of death Acute Myocarditis

DURATION 5/1/40

Due to over work

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb M.D. M. D. or other

Address Easton, Md Date signed 5/6/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(31-a)

05731

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md. R. D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton R. D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Helen Tyler Burbank

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Parker S. Burbank.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9th 1869.

8. AGE: Years	Months	Days	If less than one day
71	2	22	hrs. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name George Tyler

13. Birthplace Md.

MOTHER 14. Maiden name Sophia Goodwin

15. Birthplace Maine

16. Informant Mrs. William O'Sullivan

Address Easton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory Greenmount.

Location Baltimore. Md.

16. Funeral director James A. Spence

Address Easton. Md.

19. 5/31/1940 (Date rec'd by registrar) N H Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to May 30 1940, and that I last saw her alive on May 30 1940.

	DURATION
Immediate cause of death Uremia	2 weeks
Due to Nephrosclerosis	—
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other

Address Easton Date signed 5-31-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05732

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Christopher

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Unknown	W	✓

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1940

8. AGE: Years ✓ Months Days If less than one day hrs. min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER 12. Name Gilbert Clayton Christopher

FATHER 13. Birthplace Caroline Co. Maryland.

MOTHER 14. Maiden name Bessie Marie Dolby

MOTHER 15. Birthplace Dorchester Co. Maryland.

16. Informant Mrs. Gilbert Christopher

Address Easton Md.

17. Burial Date thereof 5/30/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 5/30 1940 N. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1940, to May 30 1940, and that I last saw h alive on Stillborn 1940.

Immediate cause of death	DURATION
Stillborn Fetus (1 mo.?)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Newnam M. D. or other

Address Easton Date signed 5/30/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

05733
Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): one day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: ~~Caroline~~
City or town: ~~Preston~~ Easton - rural near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Frances Mrs. Sally Engle

3. (b) Social Security Number no

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. Albert H Engle
6(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): November 27, 1889

8. AGE: Years: 50 Months: 5 Days: 18 If less than one day: hrs. min.

9. Birthplace: Talbot Co. (Town, county, and state)
10. Usual occupation: H-wife
11. Industry or business

FATHER
12. Name: Charles E. Satchell
13. Birthplace: Talbot, Co

MOTHER
14. Maiden name: Sara Neighbors
15. Birthplace: Md.

16. Informant: Mrs. Evelyn Stewart
Address: Easton, Md.

17. 5/17/40 Burial (Burial, cremation, or removal. Which?) Date thereof 5/17/40 (month) (day) (year)
Cemetery or crematory: Spring Hill Cemetery
Location: Easton, Md

18. Funeral director: James A Spence
Address: Easton, Md.

19. 5/16 1940 (Date rec'd by registrar) N. H. Neiers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 15 1940, and that I last saw her alive on May 15 1940.

Immediate cause of death: Cachexia — DURATION: 5 months
Due to: Carcinomatosis origin unknown — unknown
Due to: Primary carcinoma of uterus. C.W.S.R.
Other conditions: Duration: Unknown.
(Include pregnancy within 3 months of death)
Major findings:
Df operations
Df autopsy: None obtained

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: H. D. Noble M. D. or other
Address: Easton Md Date signed 5/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

05734

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.

City or town Emergency Hospital Easton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Caroline

City or town Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Tadow (1)

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 28, 1940

8. AGE: Years — Months Days If less than one day ____ hrs. ____ min.

9. Birthplace Emergency Hospital Easton Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Leonard Tadow
13. Birthplace Preston Md Caroline Co.

MOTHER
14. Maiden name Laura Prahl
15. Birthplace Trappe - Md

16. Informant Laura Tadow
Address Preston Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 5/28/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital Easton

Location

18. Funeral director Emergency Hospital Easton

Address

19. 5/28 1940 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 10 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940 to May 28 1940, and that I last saw h[illegible] alive May 28 1940.

Immediate cause of death Premature Stillborn

DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Newnam M. D. or other

Address Easton Date signed 5/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

05735

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot Co.

City or town Emergency Hospital Easton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Caroline

City or town Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isadore (2)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	—

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1940

8. AGE: Years	Months	Days	If less than one day
✓			hrs. min.

9. Birthplace Emergency Hospital Easton
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leonard Isadore

13. Birthplace Preston Md. Caroline Co.

MOTHER 14. Maiden name Laura Prohl

15. Birthplace Trappe Md. Talbot Co.

16. Informant Laura Isadore

Address Preston

17. Cremation Date thereof 5/28/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 5/28 19 40 N. H. Meese
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 40, at 10 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 19 40, to May 28 19 40

and that I last saw h alive on May 28 19 40

Immediate cause of death Premature Stillborn — DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. C. Newnam
M. D. or other

Address Easton Date signed 5/30/40

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JUN 6 1940
U. S.

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

05736

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Rural Near Trappe, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 44 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Daniel Green

3. (b) Social Security Number No

4. Sex M

5. Color or race C.

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1896

8. AGE: Years 44 Months Days ? If less than one day ? hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Farm

FATHER
12. Name Percy Adkins.
13. Birthplace Md.

MOTHER
14. Maiden name Rachel Green
15. Birthplace Md.

16. Informant Emily Holmes

Address Trappe Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23, 1940 (month) (day) (year)

Cemetery or crematory Trappe.

Location Trappe Md.

18. Funeral director James A. Spence

Address Easton Md.

19. May 23 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 1:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 20 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death Cerebral Apoplexy — DURATION 4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A. Ross M.D. M. D. or other

Address Trappe Md. Date signed 5/23/40

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JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05737

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 hours
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Wittman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daisy Harrison

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Walter Harrison
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): February 5 - 1884
8. AGE: Years 56 Months 3 Days 15 If less than one day hrs. min.
9. Birthplace Sherwood Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Samuel E. Harrison
FATHER 13. Birthplace Sherwood Md
MOTHER 14. Maiden name Susie Warner
MOTHER 15. Birthplace Wicomico, Md
16. Informant G. K. Harrison
Address Sherwood Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23, 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Sherwood Md.
18. Funeral director Newnam & Harrison
Address St. Michaels, Md.
19. 5/21/1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 8:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 20 1940, and that I last saw her alive on May 20 1940.

Immediate cause of death: Cerebral Hemorrhage Rt. — Duration: 10 hours
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. A. Noble M. D. or other
Address Easton, Md. Date signed 5/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05738

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (161-a)

County "Outside" Talbot — Registration Dist. No. 290

Village or City Cordova R.D. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Norman Holmes — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 5-23-40

7. AGE Yeers	Months	Deys	If LESS than 1 day, ____ hrs. or ____ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month end year) —

11. Totel time (yeers) spent in this occupation —

12. BIRTHPLACE (city or town) Cordova (State or country)

FATHER

13. NAME Albert Young

14. BIRTHPLACE (city or town) Ridgely, Md. (State or country)

MOTHER

15. MAIDEN NAME Hilda Holmes

16. BIRTHPLACE (city or town) Dover, Del (Stete or country)

17. INFORMANT Albert Young (Address) Cordova

18. BURIAL, CREMATION, OR REMOVAL Piece Cordova R.D. Date 5/25, 1940

19. UNDERTAKER Albert Young (Address) Cordova, Md.

20. FILED 5/24, 1940 N. H. Neires Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1940, to May 24, 1940

I last saw him alive on May 4, 1940; death is said to have occurred on the date stated above, at 4:00 p.m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of Importance were as follows:

	Date of onset
Pulmonary atelectasis	5-24-40

Other **Contributory Causes** of Importance:

Name of operetion ____ Dete of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of injury ____

Neture of injury ____

24. Was diseese or injury in eny way related to occupation of deceased? No

If so, specify ____

(Signed) J. Tyler Baker M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

RECEIVED JUN 6 1928 BAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levin Sutton Hunt

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Barteenea

6(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1853

8. AGE: Years 87 | Months 2 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace Tilghman, Talbot Co. Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oyster man

FATHER

12. Name Richard Hunt

13. Birthplace Talbot Co. Md.

MOTHER

14. Maiden name Lizza Haddaway.

15. Birthplace Talbot Co. Md.

16. Informant Mrs Levin S. Hunt

Address St. Michaels, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof May 11, 1940 (month) (day) (year)

Cemetery or crematory Olivet

Location St. Michaels, Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. May 11 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940 19 5:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940 19 to May 8, 1940 19

and that I last saw him alive on May 8, 1940 19

Immediate cause of death Mitral Disease with hypertrophy & dilatation

Due to Sclerosis

Due to Hemiplegia

Due to Arterial Hypertension

Other conditions C.P.C. of Lungs

Generalized Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION Several years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

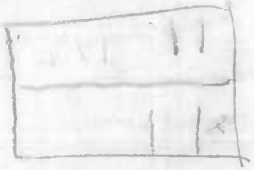
23. SIGNATURE V. B. Lewis M.D. M. D. or other

Address St. Michaels, Maryland Date signed 5.8.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



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STATE OF MARYLAND—CERTIFICATE OF DEATH

05740

(151)

1. PLACE OF DEATH

County Talbot — Registration Dist. No. 290

Village or City Easton — No. 116 S. Aurora St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Lewis — If U.S. Veteran specify WAR

(a) Residence: No. 116 S. Aurora St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): May 21st - 1940

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	—	✓	6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ✓

10. Date deceased last worked at this occupation (month and year): ✓ — 11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Easton Md.

FATHER

13. NAME: William E. Collins

14. BIRTHPLACE (city or town) (State or country): near Easton Md.

MOTHER

15. MAIDEN NAME: Pearl Egston

16. BIRTHPLACE (city or town) (State or country): Easton Md.

17. INFORMANT (Address): Wm S. Seymour Easton Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Spring Hill Cemetery Date 5/22, 1940

19. UNDERTAKER (Address): James A. Spence Easton Md.

20. FILED 5/22, 1940 — N. H. Meeries, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 21st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1940, to May 21st, 1940

I last saw him alive on May 21st, 1940; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo.)	5/21
with Pulmonary Atelectasis	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) William A. Seymour M. D.

(Address) Easton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: South St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. South St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Madden

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jacob Madden Deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug-22-1861

8. AGE: Years 78 Months 9 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Easton Talbot Co., Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Daniel Price
13. Birthplace: Talbot Co., Md

MOTHER
14. Maiden name: Sarah Poney
15. Birthplace: Talbot Co., Md.

16. Informant: Mary Toomey
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 3rd 40 (month) (day) (year)

Cemetery or crematory: Chapel

Location: Chapel, Easton RD Md

18. Funeral director: John D. Williams
Address: Easton Maryland

19. 5/31 1940 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May-31st 1940, at 1:40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 31 1940, and that I last saw him alive on May 31 1940.

Immediate cause of death: Myocarditis Acute — DURATION: 6 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Cate of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Haynard T. Mff MD
M. D. or other

Address: Easton, Md Date signed 5/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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05742

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Talbot Registration Dist. No. 294

Village or City Wilt Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fabius Marshall If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Unknown

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 12 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Still Nursing

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilt Mills Md (State or country)

FATHER

13. NAME Perry R Marshall

14. BIRTHPLACE (city or town) Wilt Mills Md (State or country)

MOTHER

15. MAIDEN NAME Edith R Pollard

16. BIRTHPLACE (city or town) Caroline County Md (State or country)

17. INFORMANT Mrs Perry Marshall (Address) Wilt Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Date May 12, 1940

19. UNDERTAKER (Address)

20. FILED May 16th, 1940

Anna Carey Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 12, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still Nursing Fabius, 19

I last saw him elive on , 19 , death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Unknown causes of obstruction

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Alphonso Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 26 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Longwoods Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virginia Moaney

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Moaney

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years 24 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Joe Harris

FATHER 12. Name: Maryland

13. Birthplace

MOTHER 14. Maiden name: Ellen Gibson

15. Birthplace: Maryland

16. Informant: John Moaney

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)

Cemetery or crematory: Unionville

Location: Easton, Md.

18. Funeral director: James A. Spence

Address: Easton, Md.

19. 5/4 1940 (Date rec'd by registrar) N. A. Neerier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 2:55 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940, to May 3 1940, and that I last saw her alive on May 3 1940.

Immediate cause of death: Acute Miliary TBC

DURATION: 2 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M. D. or other

Address Easton Date signed 5-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05744

186-a

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Home of Aged Women

Stay in hospital or inst. (yrs., or mos., or days) 15 years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jennie Morris

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1860

8. AGE: Years	Months	Days	If less than one day
79	10	4	hrs. min.

9. Birthplace Chestertown, Kent Co.
(Town, county, and state)

10. Usual occupation Dressmaker

11. Industry or business

FATHER
12. Name Robert C. Morris
13. Birthplace Kent Co.

MOTHER
14. Maiden name Ann E. Elizabeth Miller
15. Birthplace Balto. Md.

16. Informant Mrs. Irene Hardisty
Address Supt. Home of Aged Women. Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md

18. Funeral director Maurice E. Newnam & Son

Address Easton, Md.

19. 5-18 (Date rec'd by registrar) 1940 N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1, 1940, to May 17, 1940, and that I last saw h alive on May 17, 1940.

Immediate cause of death	DURATION
Shock due	
Due to Fractured neck of femur	
Due to	
Other conditions Chronic myocarditis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 17, 1940

Where did injury occur? Easton, (City or town) Talbot, (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall Injured at work? No

23. SIGNATURE J. Tyler Bolton M. D. or other

Address Easton, Md. Date signed May 18, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-9)

CERTIFICATE OF DEATH

05745

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 32 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Rural Near - Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Florence Nichols

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife Henry A Nichols

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1863

8. AGE: Years 77 | Months 4 | Days 5 | If less than one day hrs. min.

9. Birthplace Trappe, Md.
(Town, county, and state)

10. Usual occupation H W.

11. Industry or business Own home

FATHER 12. Name Robert A Dawson

13. Birthplace Trappe Md

MOTHER 14. Maiden name Helen Bergmeier

15. Birthplace Trappe Md

16. Informant Miss Amelia Nichols

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/20/40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton

18. Funeral director Maurice E. Meconas & Son

Address Easton Md.

19. 5/18/40 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 11:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 17 1940, and that I last saw h-- alive on May 17 1940.

Immediate cause of death — DURATION

Carcinoma of Pancreas — 3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Pancreas

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Cox M. D.
M. D. or other

Address Easton Md Date signed 5/17/40

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BUREAU V. S.

05746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Aprent 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Ida T. Northern

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Leland Northern

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): October 6, 1875

8. AGE:

Years	Months	Days	If less than one day
65	7	16	____ hrs. ____ min.

9. Birthplace: Pocomoke City, Worcester Co.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Brown
13. Birthplace: Worcester County

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Lena Northern
Address: St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 25, 1940 (month) (day) (year)

Cemetery or crematory: Whelbourne, Maryland

Location: Whelbourne, Maryland

18. Funeral director: J. N. Marshall
Address: St. Michaels, Maryland

19. May 28 1940 John H Wales Local
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22, 1940 19 5:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1939, to May 22, 1940, and that I last saw her alive on 19, 1940 (May) 19

Immediate cause of death: Carcinoma of the Uterus

Due to: Unknown

Due to:

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

DURATION: 18 mos.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: Injured at work? ✓

23. SIGNATURE: P. B. Lewis, M.D. M. D. or other

Address: St. Michaels, Md Date signed: 5.22.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-E)

CERTIFICATE OF DEATH

05747

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 13 1/2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.

(If outside city or town limit, write RURAL NEAR and give town)

Street No. Bloomingdale Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward E. Nuttle

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or wife~~ wife Ollie H. Nuttle

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1861

8. AGE: Years 78 | Months 4 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Andersontown, Md. (Town, county, and state)

10. Usual occupation Merchant (Retired)

11. Industry or business General Store

FATHER 12. Name Tilghman Nuttle

13. Birthplace Caroline Co. Md.

MOTHER 14. Maiden name Elizabeth Blake

15. Birthplace Caroline Co. Md.

16. Informant Everett Nuttle

Address Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26, 1940 (month) (day) (year)

Cemetery or crematory Hillcrest Cemetery

Location Federalsburg, Md.

18. Funeral director J. F. Frampton and Son

Address Federalsburg Maryland

19. 5/23 1940 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 2:05 A. M.

21. I CERTIFY that death occurred on tha date above stated; that I attended deceased from May 1940, to May 23 1940, and that I last saw him alive on May 23 1940.

Immediate cause of death	DURATION
Ruptured Gall Bladder	15 das.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: 5/6/40

Of operations Laparotomy Laparotomy

Ruptured Gall Bladder.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in tha following:

Accident, suicide, or homicide Data of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. D. Clarke M. D. or other

Address Easton, Md Data signed 5/28/40

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BUREAU V. S.

05748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Royal Oak, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Pardoe (Fetus)

3. (b) Social Security Number: ✓

4. Sex: ?

5. Color or race: white

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 28 - 1940

8. AGE: Years: 2½ mo. Fetus. Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Easton, Md. (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Lester Pardoe

13. Birthplace: Burrsville Md

MOTHER

14. Maiden name: Louise Holland

15. Birthplace: Newcomb Md

16. Informant: Mrs. Lester Pardoe

Address: Royal Oak

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 5/28/40 (month) (day) (year)

Cemetery or crematory: Emergency Hospital

Location: Easton

18. Funeral director: Emergency Hospital

Address: Easton, Md.

19. 5/28 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at 4 40/8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to May 28 1940, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Abortion incomplete (Foetus) 2½ mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5/28/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. T. Baker, M.D. M. D. or other

Address: Easton, Md. Date signed 5/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05749

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (110-P)

County Talbot — Registration Dist. No. 290

Village or City Gross Coate Farm — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Ross

(a) Residence: No. Grosse Coate, Easton, Md. St., R. D. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

5a. If married, widowed, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) ~~Feb. 9, 1940~~ Dec. 31, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gross Coate, Easton
(State or country) Maryland

FATHER

13. NAME Percy Ross

14. BIRTHPLACE (city or town) Royal Oak
(State or country) Talbot Co., Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Mary Wilson
(State or country) Easton, Md.

17. INFORMANT Percy Ross
(Address) Gross Coate, Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Royal Oak, Md. Data May 13, 19 40

19. UNDERTAKER J. N. Marshall
(Address) St. Michaels, Md.

20. FILED 5/13, 19 40 N. H. Nevius
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940, 19__, to May 12, 1940 19__

I last saw her alive on May 11, 1940, 19__; death is said to have occurred on the date stated above, 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pleurisy (Acute)	
Other Contributory Causes of Importanca: Exposure	May 1, 1940

Name of operation None — Date of

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also tha following:

Accident, suicide, or homicide? ###### Date of injury #### 19__

Where did injury occur? ##########
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
##########

Manner of injury ##########

Nature of injury ##########

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ##########

(Signed) J. N. Marshall M. D.

(Address) St. Michaels, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

05750

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days) 20 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queenanne

City or town Sudlersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Sapp.

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ✓

8. AGE: Years	Months	Days	If less than one day
11 years			hrs. min.

9. Birthplace Del.

(Town, county, and state)

10. Usual occupation School Girl

11. Industry or business

FATHER 12. Name Perley Sapp.

13. Birthplace Del.

MOTHER 14. Maiden name Fannie Kimbles

15. Birthplace Maryland.

16. Informant Perley Sapp

Address Sudlersville - md.

17. Burial Date thereof May 14, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill Md

18. Funeral director W. H. Flood

Address Church Hill Md.

19. 5/18 1940 N. H. Reires

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 5-45 a M

21. I CERTIFY that death occurred on the date above stated: What I attended deceased from Apr. 27 1940, to May 16 1940, and that I last saw her alive on May 16 1940.

Immediate cause of death Explanations due to Burns — DURATION Apr. 27

Due to Burns, Extensive over entire body second and degree — Apr. 27

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date 4-27-40

Where did injury occur? near Church Hill Queen Anne Co Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Ignited from Lamp Injured at work? no

23. SIGNATURE W. M. Palmer M. D. or other

Address Easton Maryland Date signed 5, 17, 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(127-a)

CERTIFICATE OF DEATH

05751

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Davis Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E Satchell

3. (b) Social Security Number 217-03-5984

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Mr. Percy E Satchell

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 16 1891

8. AGE:

Years	Months	Days	If less than one day
48	9	15	hrs. min.

9. Birthplace Talbot Co. Md.

(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER 12. Name Greenbury Marshall

13. Birthplace Md.

MOTHER 14. Maiden name Catherine Hancock

15. Birthplace Md.

16. Informant Percy E Satchell

Address Easton

17. Burial Date thereof 5 / 3 / 40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director James Spence

Address Easton. Md.

19. 5/1 1940 N H Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1940 to May 1 1940, and that I last saw her alive on May 1 1940.

	DURATION
Immediate cause of death Coronary Embolism	1 hour
Due to Cholecystitis	4/25/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystectomy 4/26/40

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Palmer, M. D. or other

Address Easton Md Date signed 5/1/40

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JUN 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

05752

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot.

City or town Easton.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME James Council Saulsbury

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Annie D. Saulsbury

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1856

8. AGE: Years	Months	Days	If less than one day
64	2	6	____hrs. ____min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Mail Carrier

11. Industry or business

FATHER 12. Name John T. Saulsbury

FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Katherine ?

MOTHER 15. Birthplace Md.

16. Informant Mrs. Carrie P. Saulsbury

Address Easton. Md.

17. Burial Date thereof May 8, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton. Md.

18. Funeral director James A. Spence

Address Easton. Md.

19. 5/6/1940 W. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to 5-3-1940, and that I last saw h-im alive on 5-5-1940.

Immediate cause of death	DURATION
Angina Pectoris	Few Minutes
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.

M. D. or other

Address Easton Md Date signed 5-6-40

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JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05753

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town St. Michaels, Md. Mfd. No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Seth

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1874

8. AGE: Years	Months	Days	If less than one day
65	6	27	hrs. min.

9. Birthplace St. Michaels (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name James Seth Sr.
13. Birthplace St. Michaels

MOTHER
14. Maiden name Julia T. Crem
15. Birthplace St. Michaels

16. Informant Robert L. Seth
Address St. Michaels, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18, 1940 (month) (day) (year)
Cemetery or crematory Christ
Location St. Michaels, Md.

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. May 17 (Date rec'd by registrar) 1940 John Howard Seth Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940, at 7.40 a.m. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16th 1940, to May 16 1940, and that I last saw him alive on May 16th 1940.

Immediate cause of death	DURATION
angina pectaris, Died at back 5 minutes	5 min
Due to Sclerosis coronary arteries.	
Due to Also general arteriosclerosis.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Denny Willson M. D. or other
Address St. Michaels Md. Date signed May 17/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05754

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Not Named Spence

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Born dead - 5/5/40

8. AGE: Years ? | Months | Days | If less than one day hrs. min.

9. Birthplace Talbot (Town, county, and state)

10. Usual occupation ?

11. Industry or business ?

FATHER 12. Name Kenneth Potsdatt

13. Birthplace Caroline Co.

MOTHER 14. Maiden name Miss Cornelius Spence

15. Birthplace Eastonf Md.

16. Informant Miss Cornelia Spence

Address Easton Md Box 116

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 5/6/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton, Md

19. 5/6 19 40 N. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19

Immediate cause of death — DURATION

Stillborn Fetus (2 months cysis)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. B. Cox M. D.

M. D. or other

Address Easton Md Date signed 5/5/40

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131-a)

DD Cont 05755

Reg. Dist. No. 292

1. PLACE OF DEATH:
County Talbot
City or town Near Trappe Md R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town R.D. Near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Maurice Belle Stevens

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George Stevens
6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.): Aug 12 - 1874

8. AGE: Years 65 | Months 9 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Talbot County
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George W. Griffin
13. Birthplace Md
MOTHER 14. Maiden name Hamitt E. Boone
15. Birthplace Md
16. Informant Mrs Mrs S. Marvel
Address Trappe Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof 6/1/40 (month) (day) (year)
Cemetery or crematory Bloomfield Hill
Location Easton Md
18. Funeral director James A. Spence
Address Easton Md
19. June 1st 1940 (Date rec'd by registrar) Joseph A. Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 8 35 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to 5-30 1940, and that I last saw her alive on 5-30- 1940.
Immediate cause of death: Cardio-vascular renal disease — DURATION: 1 yr ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE P. G. Cox M.D.
M. D. or other
Address Easton Md Date signed 5-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05756

1. PLACE OF DEATH

County Talbot Registration Dist. No. 292

Village or City Bruceville Trappe, Neral No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Unnamed Placental tissue Talley If U.S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX undetermined

4. COLOR OR RACE cpt.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 29th / 40

7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Bruceville (State or country)

FATHER

13. NAME Emory H. Talley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Marie L. Henning

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Emory H. Talley (Address) Trappe Md

18. BURIAL, CREMATION, OR REMOVAL Place Bruceville Date May 29th, 1940

19. ~~UNDERTAKER~~ Emory H. Talley (Address) Trappe Md

20. FILED May 29, 1940 Joseph Parsons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1940, to May 29, 1940

I last saw h alive on 0 19 ; death is said to have occurred on the date stated above, at 3 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: unknown

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an au opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) Trappe Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

05757

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address (hospital, or institution): Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Oxford (Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond M Feet (Seals on birth)

3. (b) Social Security Number [illegible]

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Black	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 14, 1939

8. AGE: Years 1 | Months 1 | Days 11 | If less than one day hrs. min.

9. Birthplace Oxford, Md. (Talbot)

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Raymond Manokey

13. Birthplace Md.

MOTHER 14. Maiden name Sara Elizabeth Feet

15. Birthplace Mathewstown, Md.

16. Informant Sara Elizabeth Feet

Address Oxford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-27-40 (month) (day) (year)

Cemetery or crematory Wrytown

Location " Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 5/28 (Date rec'd by registrar) 19 40 N. H. Reeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 40, at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 19 40 to May 25 19 40, and that I last saw h[illegible] alive on May 25 19 40.

Immediate cause of death Bronchial Pneumonia — DURATION 5 days

Due to —

Due to —

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE C. W. C. Stevens M. D. (M. D. or other)

Address Easton Md Date signed 5-27-40

RECEIVED
JUN 6 1940
BUREAU V. S.